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UNITED STATES HOUSE OF REPRESENTATIVES

FORM B
For New Members, Candidates, and New Employees

Name: Bob Ruckleff Daytime Telephone: _____

U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	New Member of or Candidate for U.S. House of Representatives	State: <u>FL</u>	Check if Amendment
	Candidates – Date of Election: _____	District: <u>2</u>	
New Officer or Employee	Staff Filer Type (If Applicable):	Period Covered: January 1, _____ to _____	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
Employing Office: _____	Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	_____	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?			
C. Did you or your spouse have "earned" income (e.g. salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Bob Backer

Name: _____

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Bob Rackleff**

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ASSET AND/OR INCOME SOURCES	BLOCK A												AMOUNT OF INCOME		
	BLOCK B														
BLOCK C	BLOCK D														
	BLOCK E														
None	A	B	C	D	E	F	G	H	I	J	K	L	M		
\$1-\$1000															
\$1,001-\$15,000															
\$15,001-\$50,000															
\$50,001-\$100,000															
\$100,001-\$250,000															
\$250,001-\$500,000															
\$500,001-\$1,000,000															
\$1,000,001-\$5,000,000															
\$5,000,001-\$25,000,000															
\$25,000,001-\$50,000,000															
Over \$50,000,000															
Spouse/DC Asset over \$1,000,000*															
NONE															
DIVIDENDS															
RENT															
INTEREST															
CAPITAL GAINS															
EXCEPTED/BLIND TRUST															
TAX-DEFERRED															
Other Type of Income (Specify: e.g., Partnership Income or Farm Income)															
None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II		
\$1-\$200															
\$201-\$4,000															
\$1,001-\$2,500															
\$2,501-\$5,000															
\$5,001-\$15,000															
\$15,001-\$50,000															
\$50,001-\$100,000															
\$100,001-\$1,000,000															
\$1,000,001-\$5,000,000															
Over \$5,000,000															
Spouse/DC Income over \$1,000,000*															
None															
\$1-\$200															
\$201-\$1,000															
\$1,001-\$2,500															
\$2,501-\$5,000															
\$5,001-\$15,000															
\$15,001-\$50,000															
\$50,001-\$100,000															
\$100,001-\$1,000,000															
\$1,000,001-\$5,000,000															
Over \$5,000,000															
Spouse/DC Income over \$1,000,000*															

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Bob Rock left

Name: _____ Page 4 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS, and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
<i>State of Florida Retirement System</i>		<i>9,000</i>	<i>36,000</i>
<i>Examples:</i>			

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at **any time** during the reporting period. **Now Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
None	

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Bob Rockefell | Page 6 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<u>None</u>	

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating fees or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: Bob Rockefell Page 7 of 7

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name:

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Use additional sheets if more space is required.